

The relationship between Conflict Resolution Approaches and Managerial Trust

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Abstract

Objective: The study aims to explain how employees perceive conflict resolution approaches and their relationship with managerial trust. It is also to explain the impact of democratic variables on this relationship.

Method: Bursa Cekirge State Hospital and Bursa Private Doruk Hospital. The total number of employees was 1585 physicians, nurses and technicians. The survey method was used to collect data from 1346 participants.

Results: There was a significant and negative relationship between conflict resolution approaches and trust to the manager. Correlation level; gender, age, marital status, educational status, service, duty, working time in the current position and total experience time vary according to demographic variables.

Conclusion: This study was conducted by health administrators and researchers; Confidence in the implementation of conflict resolution approaches and sheds light on the impact of employees' socio-demographic details.

Keywords: Trust in Manager, Conflict Resolution Approaches, Hospital Management

1.Introduction

People have difficulties in catching up with the speed of change in the technology used in the flow of information, which is the main subject in today's information age. In this period, the health enterprises that provide health services and their explanations that they have achieved their success in achieving the goals of the various health organizations through their employees and employees; It was revealed that trusting their administrators played a role in reaching a solution in conflict situations and attaining happiness.

While the norms of social life and institutions gain power due to the right administrators and employees, those who are managed must trust their managers for the resolution of conflict types. Trust is the only issue that is indisputable in institutions. With confidence, it is not only a conscience-based phenomenon, but a subject that covers the past and the future. It attracts attention as a factor that has a strong role in the character of the business character, as it affects the personalities of individuals.

It is necessary for the communities directed towards the determined goals and objectives to show themselves and fulfill their functions, and the use of individual skills and persuasion skills that are rarely seen in individuals. In examining many literature on conflict

resolution, trust in the manager and revealing a synthesis, we can express this as the ability of individuals in a society to create a climate of trust between them and to resolve conflicts.

The main purpose of executives to implement conflict resolution approaches is to influence the activities of business employees. Being influenced in their activities will cause the company to achieve its goals by reflecting on the job satisfaction levels of the employees. Conflict resolution approaches, strategies and tactics applied affect the values, beliefs and behaviors of the audience with the achievement and motivation of the organization in the best way. Behaviors and strategies of managers and employees will become meaningful when properly perceived.

This study aims to reveal how employees perceive the relationship between conflict resolution approaches and trust in managers. It also explains the effect of demographic variables on this relationship. In this context, it is believed that this research will help in the future, since the studies on the moderating role of trust in the effect of conflict resolution management approaches on employee attitudes are limited in the literature.

1. Conceptual Framework

Confidence is the state of expectation that the level of transparency between the two people, the person on the other side will not be abusive in a random matter and will not act as they wish, the good-faith people will behave in a "normal" manner in whatever way they behave (Sağlam Arı, 2003: 23). In general, trust is to be willing to belong to a person, group or event (Renzl, 2008: 207).

Trust has been a productive center of the organizational approach for years. Moreover, it continues to attract great interest among organizational researchers in recent years and in evaluating reviews. As a result of this broad demand, the definitions of the concept of trust come from every social science and discipline, including sociology, psychology, economics, anthropology and political science (Kramer and Levicki, 2010: 247).

In the types of definitions found in the literature for this reason, academicians and researchers may have different opinions in terms of defining the issue of trust and transforming it into a concept. While Güven has become a field of study due to its connection with more than one discipline, it is observed that research has been carried out in the fields of organizational management and organizational behavior, especially in recent years. Having a high level of sense of trust provides comfort in the use of conflict resolution types. (Asunakutlu, 2002: 9).

In their work titled "Transformational leadership, trust, and follower outcomes: a moderated mediation model", Ali Ender Altunoğlu, Sümeyra Babacan and Faruk Şahin reached the finding that emotional trust mediated the relationship between transformational leadership behaviors and employee performance (Altunoğlu et al., 2019: 370).

In his studies entitled "Empowering leadership and trust on team learning behavior", it was concluded that the strengthening behavior of Amin Wibowo and Neuneung Ratna Vital Leader had a positive effect on the desire to learn in the group members and support the group members' sense of trust. (Amin W., Neuneung R., 2019: 246).

In the study entitled "Integrity, ethical leadership, trust and work engagement" by Amos S. Engelbrecht, Gardielle Heine, Bright Mahembe, they concluded that ethical leadership and trust in the leader play a positive role in mediating relationships and business combinations. (Amos S. et al., 2017: 378).

All employees must make an effort to develop a sense of trust within the organization. Trust will begin to develop after certain processes within the organization. The fulfillment of the words by the employees, sharing the responsibilities, an open communication

environment, respectable, fair, consistent and cooperative behaviors are important for creating an environment of trust and sustainability. (Brownell, 2000: 93).

In their studies, Kestner and Ray (2002) stated that conflict resolution training should be increased in order to better understand conflict management. (Kestner and Ray, 2002).

While well-managed conflicts lead to positive results; It helps the organization to function healthier by helping to understand the origin of disagreements, negative emotions and behavior, develop innovation and creativity, and increase motivation. (Kaushal and Kwantes 2006).

In their study in 2005, Haraway and Haraway evaluated managers working in health institutions after a 12-hour training on conflict resolution management. They determined that there were significant changes in the interpersonal relationships of the participants before and after the training. They stated that the psychological problems of the participants and the difficulties in interpersonal relations were less than before. In the qualitative data obtained from the results of the study; They stated that the participants could better manage the conflict, their listening skills increased and they could use their communication skills better during the conflict. (Haraway and Haraway 2005).

Conflict resolution, unlike conflict management, is to collaborate and find common solutions among individuals. There are many methods in the successful resolution of the conflict, and instead of resolving each conflict with the same method, it is necessary to choose the most appropriate one for the situation (Brinkert 2010).

In a research, attachment (safe, anxious, avoidant) and relationship states (such as consensus, satisfaction, loyalty) were examined. Securely coupled couples reported fewer marital problems than their insecure couples. (Besharat, 2003)

Interpersonal conflict types are manifested when similar needs and demands arise instantly. Contrary to the predicted conflict, it does not have a negative concept feature but has a neutral feature. The responses to the conflict situation are the basic scales that explain whether it will result in positive or negative. Conflicts that occur in some form in everyday life are essential opportunities for the parties to conflict for change and development. (Türnüklü and Şahin, 2004: 45).

Uterus conflict; While explaining that as a result of being incompatible, incompatible and incompatible within themselves or among themselves, in the form of person, group, organization, it is an interaction stage (Rahim, 2015: 2), Bernard Mayer describes the conflict as the cause of differences in the form of disagreement caused by cognitive, emotional and behavioral changes. (Mayer, 2010: 5).

Ting-Tooney made the conflict; It describes it as an actual or / or controversial conflict in material or / or connective matters between two or more people, in terms of value, expectation, process or outcome. (Oetzel and Ting-Toomey, 2003: 599).

The womb, on the other hand, divided the conflict situation into two according to their origin and level. Emotional, cognitive, wrongly attributed, misleading, punitive, institutionalized and non-institutionalized, counted the conflicts as eleven subclasses according to their origin, which are real and non-realistic, essential, purpose, value and conflict of interest. Conflicts according to their levels subjected to four subdivisions as interpersonal, intragroup and intergroup conflicts. (Karip, 2015: 256). In this study, only interpersonal conflicts will be discussed.

Interpersonal conflict is a struggle that arises between at least two parties due to reasons such as non-adaptive targets, limited types of resources and acceptance as an obstacle in reaching the targets. (Wilmot and Hocker, 2017: 377). There are also different opinions about the causes of interpersonal conflicts. Dökmen, on the other hand, explained cognition, understanding, feeling, unconscious, needs, communication ability, individual

elements, culture related elements, tasks, social and physical environment, and the nature of the message as the causes of interpersonal conflicts. (Dökmen, 2002: 4). Mayer, on the other hand, claimed that communication, feelings, values, the system and the past were the reasons for interpersonal conflicts. (Mayer, 2010: 5).

Mayer stated that the conflict is natural, always encountered, compulsory and normal, therefore the point of importance is that it is the way in which the conflict is examined rather than the cause of the conflict itself and its causes. (Mayer, 2010: 5). Many scientists, who have the same opinion, have focused on the ways in which conflicts are examined, their approach to conflict, and their methods of conflict resolution, and have proposed dual, triple, quad and quintet model types to conceptualize interpersonal conflict resolution approaches over time.

Knudson et al. (1980) and Deutsch (1990) proposed dual models of interpersonal conflict resolution. While the two dimensions Deutsch recommends to explain interpersonal conflict resolution approaches are cooperation and competition, the two dimensions recommended by Knudson et al. (1980) are confrontation and avoidance. (Rahim, 2001: 2).

Ghaffar (2000) stated that the conflict cannot be described as good or bad by itself, but how important this conflict is managed by the organizers of the organization. He stated that well-managed conflicts provide new opportunities for the organization, and conflicts that are not managed well decrease the productivity by damaging organizations.

According to Ghaffar, Zaman and Naz (2012), the items for the Democratic / reconciliation conflict resolution method are similar in the literature to reconciliation, problem solving (integration, cooperation) and compliance styles; It can be said that items related to authoritarian / irrelevant style are similar to the rules of domination and avoidance in the literature.

Lawrence and Lorsch (1967), Rands et al. (1981), Putnam and Wilson (1982) and Billingham and Sack (1987) recommended triple model forms about interpersonal conflict resolution. The three dimensions that Lawrence and Lorsch recommend to explain their interpersonal conflict resolution approaches are confrontation, softening and forcing, and the three dimensions recommended by Rands and his friends are avoidance, attack and compromise. While the three dimensions suggested by Putnam and Wilson (1982) are solution orientation, confrontation and control, the three dimensions recommended by Billingham and Sack (1987) are verbal attack and violence. (Rahim, 2001: 3).

Pruitt (1983) and Kurdek (1994) recommended quad models on interpersonal conflict resolution. The four dimensions that Pruitt recommends to explain interpersonal conflict resolution approaches are problem solving, efficient, inaction and contention, while the four dimensions recommended by Kurdek are problem solving, compliance, withdrawal and confrontation. (Rahim, 2001: 4).

Follett (1940), Blake and Mouton (1964), Thomas (1976) and Rahim (1983) suggested five models of interpersonal conflict resolution. The five dimensions Follett proposed to explain interpersonal conflict resolution approaches are completion, suppression, avoidance, domination and reconciliation, and the five dimensions proposed by Blake and Mount to explain interpersonal conflict resolution approaches are confrontation, softening, avoidance, coercion and reconciliation. The five dimensions that Thomas recommends to enlighten interpersonal conflict resolution approaches are cooperation, harmony, avoidance, competition and reconciliation, while the five dimensions proposed by Rahim are completion, being polite, avoiding, dominating and compromising. (Rahim, 2001: 5).

The five dimensions that Goldstein recommends to clarify the interpersonal conflict resolution approaches, which examine the communication stages put forward by taking into

account the personal and culture-based changes during the conflict phase, are confrontational / general behavior, self-disclosure, emotional expression, and approaching / avoiding conflict. (Şahin, Basım and Çetin, 2009: 153).

The confrontation dimension explains the value of the people against the confrontation with the conflict. The private / general behavioral dimension is focused on the ability of people to be able to show themselves fully in all environments or to be able to fully reveal only under certain conditions, and to the difference between personal and general conditions of conflict behavior. The emotional expression dimension focused on the change in how people express their feelings. The self-disclosure dimension stands in cases of self-opening or hiding without the fear and defensive feelings of the person in conflict resolution. The aspect of approaching / avoiding conflict is focusing on whether it accepts conflict positively and positively, and approaches to avoiding and avoiding conflict arising from this situation (Şahin, Basım & Çetin, 2009: 153; Arslan, 2005: 4).

According to Johnson and Johnson (2000), we have two different concerns when we engage in conflict. To reach an agreement that meets our wishes and goals, to continue the relationship with the other party. Considering these two concerns, 5 different conflict resolution strategies are used.

Solving approaches, which are described as behavioral in the investigations conducted and which can be defined as the way of investigating the situations of disagreement in different interaction states, have been subjected to different categorization by different scientists. (Ting-Toomey et al, 2000: 47). It is accepted by most scientists that conflict and conflict resolution approaches are an important field to perceive individual behavior, although there is more than one point in which thoughts have not been achieved. (Mayer, 2010: 5).

The use of conflict resolution methods supports managers and employees in achieving organizational goals. In addition, it helps conflict resolution approaches in compliance with applicable laws, policies and professional ethical rules. Conflict resolution practices begin with the perception of working people and employees, and transforming this into a concept. During his management, he is a manager who performs conflict resolution practices, raises the satisfaction of employees, does not shake the trust he has in himself, and has the competence of a manager who uses the company's human resources in the most effective way. In order to perform this type of management, the manager should not only gain confidence in his actions, but also comprehend and develop management complements consisting of purpose, knowledge, authority and trust. (Basım et al., 209: 792).

Conflicts of employees with their managers and organizations play an important role in shaping their attitudes and behaviors with their organizations. The role of trust and communication between employees and managers in the organization, the role it plays in implementing conflict management and increasing job satisfaction in the organization and its positive effects on the work life of the employee are among the topics that are mostly examined in the literature. (Arslan, 2005: 75).

Ensuring that managers and employees act towards the goals of the organization is one of the most important goals of all administrations and organizations. When considered from this point of view, it can be stated as a basic condition that managers and employees trust each other in collaboration without going beyond the framework of their business objectives. It is stated that the social capital created by the synergy created by the cooperation of the individuals is an important source and this can be created with confidence. (Dede, 2015: 4).

In the study of Jordan and Troth (2004), it was observed that emotional abilities increased successful problem solving performance and training on emotional abilities also increased the performance of teams.

According to Judith's explanations, operating in the business we live with variables such as learning, personnel development, culture, stress, perception, innovation, business organization, conflict, power, leadership, communication, decision making, group formation, motivation and personality, which are the variables of business behavior. Among the issues related to the behavior related to; It can be stated that managers 'and employees' conflict resolution approaches, trust and job satisfaction are also included. (Tok, 2007: 4).

2. Method

Regarding the method of the research; After focusing on the problem status, purpose and importance it relies on, the collection and analysis of the data are discussed by considering the hypotheses, universe and sample, assumptions, limitations.

2.1. Problem

The number of articles and papers written about conflict resolution approaches and trust in the manager, which attracts the attention of researchers, is increasing day by day. To prevent conflicts within the organization and to achieve high level of organizational success is one of the most important problems faced by managers. There are many different methods for resolving conflicts. However, determining which of these solutions will be used and which method is the most useful is an important issue (Türkel, 2000: 108). It is stated that some of these methods provide temporary solutions to the conflict for a short period of time and others offer definitive solutions that can completely eliminate the conflict. It is also important to consider which conflict, temporary and exact solution method will be applied. Managers must decide which method is more effective and result oriented. Therefore, the diagnosis and analysis of conflicts is important in terms of which method can be applied. Trust in the manager is examined in two dimensions, cognitive and emotional. Cognitive trust is based on rational concepts, consists of concepts such as integrity, honesty, fairness, predictability, and shows ideas about fulfilling its competence and responsibilities. In the emotional trust dimension, there is the feeling of the inner valence that includes the emotional bond that creates interest and care behaviors. (McAllister, 1995). To reveal the relationship between conflict resolution approaches and the manager is the main problem of this article.

2.2. Purpose and Importance of the Research

The primary purpose of this study is to reveal the conflict resolution approaches and the perception of trust between the physicians, nurses and technicians working in Bursa Çekirge State Hospital and Bursa Private Doruk hospitals operating in the province of Bursa. In addition to the primary purpose of the research, it was revealed whether there were significant differences in physicians, nurses and technicians' conflict resolution approaches and their perceptions of trust in the manager according to demographic variables such as gender, age, marital status, educational status, service, duty, working time in the position, total professional experience. intended to be removed.

This study prepared for the stated purposes; It is important in terms of being able to shed light on the point of conflict management approaches, which are important for health management, and how health managers can turn trust into a driving force for their hospitals by revealing how the manager is perceived by physicians, nurses and technicians.

2.3. Universe and Sampling

The universe of this research is according to official records; At Bursa Çekirge State Hospital Specialist Physician 251, General Practitioner 37, Nurse 477, Midwife 163, (Health

Officer Class Technician, Anesthesia, Dental Technician, Physical Therapy Technician, Laboratory, Audiometry, X-ray, Medical Secretary, Other (Radiotherapy, Emg, Pathological Anatomy, Operating Room Technician, Health Officer Class Technician, First and Emergency Aid, Laboratory, Orthopedics, X-ray, Community Health Technicians, Medical secretary) 369 in total 1198 and Private Doruk Hospital Doctor 80, Pharmacist 7, Nurse 162, Midwife 6, laboratory technician 18 and X-ray technician is 15, Anesthesia technician is 288 in total. Research The survey method was used to collect data from 1385 physicians, nurses, midwives and technicians to 1346 participants.

Model of the Research

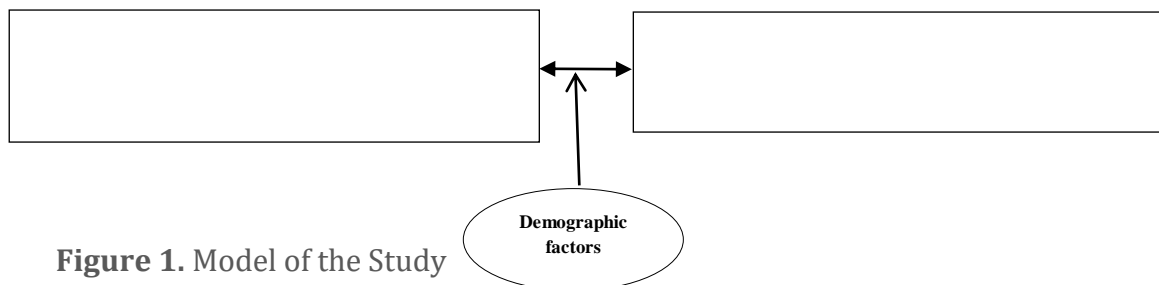


Figure 1. Model of the Study

This research was done with descriptive research model. Descriptive research is a research model that tries to explain situations related to a problem, past or current events, concepts, relationships.

2.4. Collection of Data

Questionnaire technique was used as a data collection tool. In this survey application, the participants were asked to fill out the questionnaire questionnaires face-to-face with the participants and fill out the questions in the questionnaire by explaining that they will be used only in a scientific study without any influence. The surveys were carried out to the doctors, nurses and technicians of the hospitals determined in January 2019.

In order to prepare the questionnaire, which is a data collection tool, a literature review was conducted on conflict resolution approaches and trust in the manager. In addition, the researches related to the subject and the questionnaires used in these researches were examined. As a result of the studies, the questionnaire consisting of three parts was developed by the researcher.

While creating this form, the necessary information and previous studies regarding the physicians, nurses and technicians working at Bursa Çekirge State Hospital and Bursa Private Doruk hospitals in Bursa operating area were taken into consideration. The information form includes questions regarding gender, age, marital status, educational status, service, job, duration of employment in the position, socio-demographic information related to the total professional experience. As the data collection tools in the research, the 8-question "personal information form" prepared by the researcher in accordance with the literature, "conflict resolution approaches" consisting of 21 items that measure the degree to which the physicians, nurses and technicians in hospitals have "conflict resolution approaches" competencies. scale and "trust to manager" scales.

2.5. Research Hypotheses

In this article, quantitative research was applied. Quantitative approach was formed by applying the research methods and data collection techniques used by science to social sciences at the beginning of the 20th century when social sciences started to take shape. Quantitative research model is a research model that demonstrates facts and events in an

observable, measurable and numerical way. In our study, the descriptive research model included in the quantitative research model was applied.

The main hypothesis of this research, which aims to reveal the conflict resolution approaches of physicians, nurses and technicians working in Bursa Çekirge State Hospital and Bursa Private Doruk hospitals operating in the province of Bursa and how they perceive the relationship of trust to the manager is presented below.

Basic hypothesis: There is a statistically significant relationship between the conflict resolution approaches of physicians, nurses and technicians and their trust in the manager.

Sub-hypothesis: There is a statistically significant relationship between the demographic status of physicians, nurses and technicians, their conflict resolution approaches and their perception of trust in the manager.

In accordance with the purpose, main and sub-hypothesis above, the following questions were sought in the physicians, nurses and technicians working in Bursa Çekirge State Hospital and Bursa Private Doruk hospitals operating in the province of Bursa:

What are the conflict resolution approaches of physicians, nurses and technicians based on their gender, age, marital status, educational status, service, duty, duration of employment, total professional experience?

What is the level of trust of physicians, nurses and technicians to the manager?

2.6. Statistical Analysis Used in the Research

While analyzing the data collected in the study, the statistical solutions of the data obtained from the survey results were made by using "SPSS 23 package program and Windows computer program. First of all, demographic variables are grouped. In the analysis of the data, the significance level of 0.05 was taken as basis and all the analyzes explained were interpreted according to their purpose. While analyzing the data, Reliability Analysis was performed for all scaled questions and for Basic Dimensions. Cronbach's Alpha (α) test statistics were applied for the dimensions. Correlation analysis was applied to measure frequency distribution, the direction and severity of the relationship between the two variables for all dimensions. (Büyüköztürk, 2018: 6).

The type of research, research group, data collection tools, validity and reliability, data collection techniques, data analysis, limitations, ethical committee approval should be detailed in the method section if necessary.

2.7. Results

2.7.1. Socio-Demographic Findings Related to Participants in the Survey Application

Table 1. **Frequency Analysis of the Demographic Status of the Participants in the Study**

		Frequency (n)	Percent (%)
Hospital name	Bursa Çekirge State Hospital	1076	79,9
	Bursa Private Doruk Hospital	270	20,1
Gender	Woman	647	48,1
	Male	699	51,9
Age	17-24	341	25,3
	25-34	492	36,6

	35 and over	513	38,1
Marital status	Married	644	47,8
	Single	702	52,2
Educational status	Health vocational high School	77	5,7
	Associate	149	11,1
	License	319	23,7
	Master	204	15,2
	Doctorate	597	44,4
Service worked	Anesthesia	84	6,2
	Bevliye (Urology)	28	2,1
	Biochemistry	43	3,2
	Dermatology	58	4,3
	Pediatrics	71	5,3
	Internal medicine	106	7,9
	Endocrinology	10	,7
	Infectious Diseases	7	,5
	Physical therapy and rehabilitation	20	1,5
	General Surgery	38	2,8
	Thoracic Surgery	32	2,4
	Eye diseases	48	3,6
	First and Emergency Aid	94	7,0
	Gynecology and Obstetrics	61	4,5
	Cardiovascular surgery	38	2,8
	Cardiology	47	3,5
	ENT	67	5,0
	Microbiology	29	2,2
	Neurology	7	,5
	Radiology	35	2,6
	Orthopedics and Traumatology	48	3,6
	General practitioner	9	,7
	Psychiatry	23	1,7
	Sports Doctor	29	2,2
	Other	314	23,3
	Nurse	528	39,2
	Midwife	28	2,1
	Health Officer Technician	113	8,4
	Health Officer Technician	80	5,9
	Specialist Physician	364	27,0
	Assistant Physician	224	16,6
	General practitioner	9	,7
Task	0-5 years	572	42,5
	6-10 years	257	19,1
	11-15 years	263	19,5
	16-20 years	237	17,6
	21 years and over	17	1,3
Working time at the current position	0-5 years	375	27,9
	6-10 years	292	21,7
Total professional			

experience	11-15 years	369	27,4
	16-20 years	214	15,9
	21 years and over	96	7,1
	Total	1346	100,0

In Table 1, Health care workers Bursa Çekirge State Hospital according to the hospital variable where they work (n = 1076) (79.9%), (n = 270) (20.1%) Bursa Private Doruk Hospital, according to the gender variable (n = 647) (48.1%) female, (n = 699) (51.9%) male, according to the age variable; (n = 341) (25.3%) 17-24, (n = 492) (36.6%) 25-34, (n = 513) (38.1%) 35 and above, According to the marital status variable (n = 644) (47.8%) married, (n = 702) (52.2%) single, According to the educational status variable (n = 77) (5.7%) Health Vocational High School, (n = 149) (11.1%) Associate Degree, (n = 319) (23.7%) Undergraduate, (n = 204) (15.2%) Master, (n = 597) (44.4%) PhD, (n = 84) (6.2%) Anesthesia, (n = 28) (2.1%) Beviye (Urology), (n = 43) (3.2%) Biochemistry, (n = 58) (4.3%) to the skin, (n = 71) (5.3%) Pediatric Diseases, (n = 106) (7.9%) Internal Medicine, (n = 10) (0.7%) Endocrinology, (n = 7) (0.5%) Infection Disease, (n = 20) (1.5%) Physics Ted. ve Reh., (n = 38) (2.8%) General Surgery, (n = 32) (2.4%) Thoracic Surgery, (n = 48) (3.6%) Eye Hospital, (n = 94) (7.0%) First and Emergency Aid, (n = 61) (4.5%) Women's Hospital. ve Doğ., (n = 38) (2.8%) Cardiovascular Surgery, (n = 47) (3.5%) Cardiology, (n = 67) (5.0%) ENT, (n = 29) (2.2%) Microbiology, (n = 7) (0.5%) Neurology, (n = 35) (2.6%) Radiology, (n = 48) (3.6%) Orthopedics and Traumatology, (n = 9) (0.7%) Practitioner, (n = 23) (1.7%) Psychiatry, (n = 29) (2.2%) Sports Doctor, (n = 314) (23.3%) other services, According to the task variable (n = 528) (39.2%) Nurse, (n = 28) (2.1%) Midwife, (n = 113) (84.4%) Health officer class - Technician, (n = 80) (5.9%) Health officer class - Technician, (n = 364) (27.0%) Specialist Physician, (n = 224) (16.6%) Assistant Physician, (n = 9) (0.7%) General Practitioner, According to the variable of working time in its position; (n = 572) (42.5%) 0-5 years, (n = 257) (19.1%) 6-10 years, (n = 263) (19.5%) 11-15 years, (n = 237) (17.6%) 16-20 years, (n = 17) (1.3%) 21 years and over, according to the total professional experience variable; (n = 375) (27.9%) 0-5 years, (n = 292) (21.7%) 6-10 years, (n = 369) (27.4%) 11-15 years, (n = 214) (15.9%) 16-20 years, (n = 96) (7.1%) 21 years and over.

2.7.2. Reliability Analysis Results for Basic Dimensions

The internal consistency coefficient of the Conflict Resolution Approaches Scale was calculated. As a result of the analysis, Cronbach's Alpha value was determined as 0.749. The internal consistency coefficient of the Trust Scale for the Manager was calculated. As a result of the analysis, Cronbach's Alpha value was determined to be 0.952.

2.7.3. Conflict Resolution Approach Scale and Trust Scale for Manager T Test and Variance Analysis

Table 2. Comparison of the scores received by the healthcare professionals from the conflict resolution approaches scale and trust in managers by gender (n = 1376)

Scales	Gender	n	\bar{x}	s	t	p
Conflict Resolution Approach Scale	Woman	647	28,89	0,59	2,942	0,003*
	Male	699	27,79	0,75		
Trust Scale for Managers	Woman	647	27,33	1,06	3,404	0,001*
	Male	699	25,30	1,12		

*p<0,005

As it can be understood from the table above, the average level of conflict resolution approaches of the 647 women health workers participating in the study was 28.89 ± 0.59 ,

while the average of the level of the conflict resolution approaches of 699 men who contributed to the analysis 27.79 ± 0.75 has been identified. The average of women healthcare workers to use conflict resolution approaches is higher. While the average confidence level of the 647 women health workers participating in the study was 27.33 ± 1.06 , the average confidence level of the 699 male health workers contributing to the study was determined 25.30 ± 1.12 . Female healthcare professionals have higher average confidence in the manager. Whether this difference between the conflict resolution approaches of male and female healthcare workers is a significant difference is shown in Sig. We can understand the value (2-pin). When this value, which is a significance value, is less than 0.05, it is said that there is a significant difference between the two groups. In the analysis we have conducted, it is understood that the conflict resolution approaches of male and female healthcare workers differ significantly since the significance value is $0.003 < 0.05$. In other words; conflict resolution approaches of healthcare professionals differ significantly in terms of gender segmentation. Healthcare professionals have responded differently to conflict resolution approaches. In our analysis, it is understood that the trust of male and female healthcare professionals varies significantly since the significance value is $0.001 < 0.05$. In other words; Health professionals' trust in managers varies significantly in terms of gender segmentation. Healthcare professionals gave different responses to the manager about trust.

Table 3. Comparison of the scores received by healthcare professionals from the conflict resolution approaches scale and trust in managers by age (n = 1376)

Scales	Age		\bar{x}		in.	Max	F	p	Difference
Conflict Resolution Approach Scale	17-24	41	25,29	,88	0	46	62,872	0,000*	1-3
	25-34	92	28,20	,24	1	40			
	35 and over	13	30,45	,81	1	47			
Trust Scale for Managers	17-24	41	21,33	,51	0	32	66,140	0,000*	1-2
	25-34	92	29,85	0,8	0	47			
	35 and over	13	26,14	1,8	0	46			

*p<0,005

While the average of conflict resolution approaches 30.45 ± 6.81 among the health workers with age groups 35 and above is at the highest level, the average of conflict resolution approaches of the health professionals between the age groups 17-24 (25.29 ± 7.88) is low. According to the F test result at 95% confidence level, the significance value for conflict resolution approaches was found to be $p=0,000 < 0.05$. As a result of post-hoc and scheffe analysis on which group or groups the significance originated from; The age group of 17-24, 25-34 participates at a higher rate than the other age group (35 and above). In other words; The conflict resolution approaches of healthcare professionals differ significantly according to age groups. Among the healthcare workers, the average age of trust among managers aged 25-34 (29.85 ± 10.8) is highest, while the average of trust among healthcare

workers aged 17-24 (21.33 ± 7.51) is lowest. is level. According to the F test result at 95% confidence level, the significance value for the trust of the manager was found to be $p=0.000<0.05$. As a result of post-hoc and scheffe analysis on which group or groups the significance originated from; The age group of 17-24, 25-34 participates at a higher rate than the other age group (35 and above). In other words; The trust of healthcare professionals to the manager varies significantly according to age groups.

Table 4. Comparison of the scores received by health workers from the conflict resolution approaches scale and trust in managers according to their marital status (n = 1376)

Scales	Marital status	n	\bar{x}	s	t	p
Conflict Resolution Approach Scale	Married	644	29,60	6,58	6,650	0,000*
	Single	702	27,14	6,95		
Trust Scale for Managers	Married	644	27,75	11,41	4,738	0,000*
	Single	702	24,92	10,46		

* $p<0,005$

While the average of the level of conflict resolution approaches of the 644 married health workers participating in the study $29,60 \pm 6,58$, the average of the level of use of the conflict resolution approaches of the 702 single health workers who contributed to the study $27,14 \pm 6,95$ was determined. The average level of single health workers to use conflict resolution approaches is higher. Since the significance value is $p=0.000<0.05$, it is understood that the conflict resolution approaches of married and single healthcare workers differ significantly. In other words; conflict resolution approaches of healthcare professionals differ significantly in terms of their marital status segmentation. Healthcare professionals have responded differently to conflict resolution approaches. While the average confidence level of the 644 married healthcare workers who participated in the study was 27.75 ± 11.41 , the confidence level of the 702 single healthcare workers who contributed to the study was determined 24.92 ± 10.46 . Married healthcare workers have higher average confidence in the manager. Since the significance value is $p=0.000<0.05$, it is understood that the trust of married and single healthcare professionals to the manager varies significantly. In other words; The trust of healthcare professionals to the manager varies significantly in terms of marital status segmentation. Healthcare professionals gave different responses to the manager about trust.

Table 5. Comparison of the scores received by the healthcare professionals on the conflict resolution approaches scale and the trust in the manager according to their educational status (n = 1376)

Scal	Educational		\bar{x}	s	Min.	Max.	F	p	Differe
ict Resolutio n Approach	Health		26,75	8,77	10	40	7,99 7	0 ,000*	1-4
	Associat	49	28,16	5,69	16	40			
	License	19	28,26	6,67	10	47			

Scale	Master	04	30,67	7,02	21	46			
	Doctorate	97	27,79	6,79	10	47			
Trust Scale for Managers	Health vocational	7	21,48	8,73	10	40	7,369	0,000*	1-3
	Associate	49	24,77	8,82	10	43			
	License	19	28,29	11,25	10	47			
	Master	04	26,83	11,68	10	46			
	Doctorate	97	26,01	11,16	10	46			

*p<0,005

While the average of conflict resolution approaches 30.67 ± 7.02 of those with a master's degree in educational status among healthcare workers is at the highest level, the average of conflict resolution approaches of healthcare workers with educational status groups Health Vocational High School 26.75 ± 8.77 is low. According to the F test result at 95% confidence level, the significance value for conflict resolution approaches was found to be $p=0.000<0.05$. As a result of post-hoc and scheffe analysis on which group or groups the significance originated from; The Master education group participates at a higher rate than the other education group (Health Vocational High School, Associate Degree, Undergraduate). In other words; The conflict resolution approaches of healthcare professionals differ significantly compared to the education groups. While the average level of trust among the healthcare professionals who have undergraduate education levels 28.29 ± 11.25 is the highest, the average of the trust level of the healthcare professionals who have educational status groups Health Vocational High School 21.48 ± 8.73 is the lowest. According to the F test result at 95% confidence level, the significance value for the trust of the manager was found as $p=0.000<0.05$. As a result of post-hoc and scheffe analysis; The Master education group participates at a higher rate than the other education group (Health Vocational High School, Associate Degree, Undergraduate). In other words; The trust of healthcare professionals to the manager varies significantly compared to the training groups.

Table 6. Comparison of the scores received by health professionals from the conflict resolution approaches scale according to the services they work (n = 1376)

Scales	Service worked	\bar{x}	Dif
Conflict Resolution Approach Scale	Anesthesia	7,258	,000*
	Bevlive (Urologv)	9-15	
	Biochemistry		
	Dermatologv		
	Pediatrv		
	Internal medicine		
	Endocrinology		

Infectious Diseases
 Physical therapy and
 General Surgery
 Thoracic Surgery
 Eye diseases
 First and Emergency Aid
 Gynecology and Obstetrics
 Cardiovascular surgery
 Cardiology
 ENT
 Microbiology
 Neurology
 Radiology
 Orthopedics and
 General practitioner
 Psychiatry
 Sports Doctor
 Other

*p<0,005

While the average of conflict resolution approaches 35.65±8.82 of the healthcare professionals with the place of cardiovascular surgery is the highest, the average of the conflict resolution approaches of those with the duty of Physical Therapy and Rehabilitation 23.95±2.37 is the lowest. According to the F test result at 95% confidence level, the significance value for conflict resolution approaches was found to be p=0,000<0.05. In other words; The conflict resolution approaches of healthcare professionals differ significantly according to their positions.

Table 7. Comparison of the scores received by health professionals from the trust scale for the manager according to the services they work (n = 1376)

Sc ales	Service worked	\bar{x}	in.	ax]	I	Diff erence
Tr ust Scale for Manage rs	Anesthesia	4	3,91	3,22	0	6	
	Bevliye (Urology)	8	3,83	,26	5	0	
	Biochemistry	3	7,01	1,71	0	6	
	Dermatology	8	3,27	2,20	0	6	
	Pediatrics	1	3,23	,25	2	6	4,942 ,000*
	Internal medicine	06	6,10	0,29	0	0	7-11
	Endocrinology	0	8,54	,73	4	2	
	Infectious Diseases		8,96	4,47	0	6	
	Physical therapy and rehabilitation	0	5,04	1,19	4	6	
	General Surgery						

		8	0,52	4,87	0	7
	Thoracic Surgery	2	5,51	,86	4	6
	Eye diseases	8	4,84	0,45	0	0
	First and Emergency	4	7,55	0,80	4	6
Aid	Gynecology and	1	7,18	1,96	0	6
Obstetrics	Cardiovascular surgery	8	2,99	0,52	0	2
	Cardiology	7	7,15	1,63	0	0
	ENT	7	5,11	3,12	0	5
	Microbiology	9	1,22	4,47	4	6
	Neurology		0,39	,22	5	2
	Radiology	5	6,49	,75	0	3
	Orthopedics and	8	1,32	0,17	0	0
Traumatology	General practitioner		0,30	,15	5	0
	Psychiatry	3	0,98	,01	3	7
	Sports Doctor	9	6,89	,98	0	2
	Other	14	5,17	,69	0	3

*p<0,005

While the average of trust among the healthcare professionals with the positions of Thoracic Surgery 35.51 ± 9.86 is highest, the average of the trust of the healthcare professionals 18.54 ± 6.73 is the lowest. According to the F test result at 95% confidence level, the significance value for the trust of the manager was found to be $p=0.000<0.05$. In other words; The trust of healthcare professionals to the manager varies significantly according to the workplace groups.

Table 8. **Comparison of the scores received by health professionals from conflict resolution approaches scale and trust in managers (n = 1376)**

Scales	Task	\bar{x}	s	Min	Max	F	p	if.
Conflict Resolution	Nurse	8,67	6,90	10	47	4,72	,000*	-5
		28				8		

Approach Scale	Midwife	0,32	9,82	10	47			
	Health Officer Technician	8,83	6,23	10	46			
	Health Officer Technician	8,53	7,02	10	46			
	Specialist Physician	6,81	6,00	12	40			
	Assistant Physician	9,42	7,71	10	47			
	General practitioner	7,00	4,92	22	34			
Trust Scale for Managers	Nurse	7,10	11,1	10	47	2,89	,008*	-3
	Midwife	0,77	8,49	10	32			
	Health Officer Technician	4,63	9,55	10	47			
	Health Officer Technician	7,13	11,2	10	47			
	Specialist Physician	6,69	10,8	10	46			
	Assistant Physician	4,85	11,5	10	46			
	General practitioner	6,86	11,5	14	46			

*p<0,005

While the average of conflict resolution approaches 30.32 ± 9.82 among midwives who are midwives of healthcare professionals, the average of conflict resolution approaches 26.81 ± 6.00 of healthcare workers, whose task groups are Specialist Physicians, is at the lowest level. According to the F test result at 95% confidence level, the significance value for conflict resolution approaches was found to be $p=0,000<0.05$. In other words; The conflict resolution approaches of healthcare professionals differ significantly according to their task groups.

While the average of trust among the healthcare professionals whose duties are healthcare technician is 27.23 ± 11.23 , the average of the trust level of the healthcare workers who are midwives 20.77 ± 8.49 is the lowest. According to the F test result at 95% confidence level, the significance value for the trust of the manager was found to be $p=0.008<0.05$. In other words; The trust of healthcare professionals to the manager varies significantly according to the task groups.

Table 9. Comparison of the scores obtained by the conflict resolution approaches scale and trust in the manager according to the working hours of the position of the healthcare professionals (n = 1376)

Scales	Working	n	\bar{x}	s	Min.	Max.	F	p	Dif.
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	time at the current position								
Conflict Resolution Approach Scale	0-5 years	572	27,15	7,62	10	46	27,956	,000*	1-5
	6-10 years	257	28,46	6,00	20	42			
	11-15 years	263	28,68	5,56	22	40			
	16-20 years	237	29,52	5,74	21	40			
	21 years and over	17	43,17	6,10	34	47			
Trust Scale for Managers	0-5 years	572	27,15	8,52	10	43	17,086	,000*	3-5
	6-10 years	257	28,46	11,87	10	46			
	11-15 years	263	29,80	13,18	10	47			
	16-20 years	237	29,52	11,64	10	46			
	21 years and over	17	11,60	2,56	10	15			

*p<0,005

While the average of conflict resolution approaches 43.17 ± 6.10 of those with 21 years or more working time groups in the position of healthcare workers is at the highest level, the average of conflict resolution approaches of healthcare workers with 0-5 years of working time groups in the position they are in 27.15 ± 7.62 is the lowest. According to the F test result at 95% confidence level, the significance value for conflict resolution approaches was found to be $p=0.000<0.05$. As a result of post-hoc and scheffe analysis on which group or groups the significance originated from; 0-5 years, 21 years and over total professional experience period group is higher than other education group (6-10 years, 11-15 years 16-20 years). In other words; Conflict resolution approaches of healthcare professionals differ significantly compared to the working time groups in their positions. While the average working time groups of 11-15 years in the position of the healthcare professionals are at the highest level 29.80 ± 13.18 , the average confidence level of the healthcare workers in the position of the position is 21, (11.60 ± 2.56) is the lowest level. According to the F test result at 95% confidence level, the significance value for the trust of the manager was found as $p=0.000<0.05$. In other words; The working hours of the healthcare professionals in the position where they have confidence in the manager differ significantly compared to the groups.

Tablo 10. Comparison of the scores received by the healthcare professionals from the conflict resolution approaches scale and the confidence in the manager according to their total professional experience (n = 1376)

Scales	Total professional experience	n	\bar{x}	s	Min.	Max.	F	p	Dif.
Conflict Resolution Approach Scale	0-5 years	375	27,44	8,82	10	46	5,795	,000*	2-5
	6-10 years	292	29,44	7,24	20	47			
	11-15 years	369	28,19	5,22	22	40			

	16-20 years	214	29,2 5	5,57	21	40			
	21 years and over	96	26,7 6	4,20	23	36			
Trust Scale for Managers	0-5 years	375	21,4 2	7,37	10	33	28,401	,000*	3-5
	6-10 years	292	27,5 0	11,79	10	46			
	11-15 years	369	29,0 3	12,38	10	47			
	16-20 years	214	27,8 8	11,92	10	46			
	21 years and over	96	27,3 5	5,50	14	31			

*p<0,005

While the average of conflict resolution approaches 29.44 ± 7.24 among the healthcare professionals with a total professional experience time group of 6-10 years is the highest, the average of conflict resolution approaches of health professionals with a total professional experience time group of 21 years and above 26.76 ± 4.20 is the lowest level. According to the F test result at 95 confidence level, the significance value for conflict resolution approaches was found to be $p=0,000<0.05$. As a result of post-hoc and scheffe analysis on which group or groups the significance originated from; The total professional experience period of 6-10 years, 21 years and above participates at a higher rate than the other education group (0-5 years, 11-15 years 16-20 years). In other words; The conflict resolution approaches of healthcare professionals differ significantly according to the total professional experience time groups.

While the average of professional confidence period among the healthcare professionals is 11-15 years 29.03 ± 12.38 , the average confidence level of the healthcare professionals with the total professional experience time groups is 0-5 years 21.42 ± 7.37 is the lowest level. According to the F test result at 95% confidence level, the significance value for the trust of the manager was found as $p=0.000<0.05$. As a result of post-hoc and scheffe analysis on which group or groups the significance originated from; The 0-5 year, 11-15 year total professional experience period group participates at a higher rate than the other education group (6-10 years, 16-20 years, 21 years and above). In other words; The trust of healthcare professionals to the manager varies significantly with respect to the total professional experience time groups.

Table 11. **Conflict Resolution Approaches and Correlation Between Trust in Manager**

	Conflict Resolution Approach Scale	Trust Scale for Managers
Conflict Resolution Approach Scale	1	
Trust Scale for Managers	-,281** ,000	1

**p<0,01

When Table 11 is analyzed, it is seen that there is a negative and statistically significant relationship between conflict resolution approaches and trust in managers, $r = -0.281$, $p < .01$.

Accordingly, it can be said that there is a relationship between conflict resolution approaches and trust in the manager. When we look at the relationship between conflict resolution approaches and trust in the manager, when one of the variables increases, the other decreases.

Tablo 12. The Moderating Role of Confidence in the Effect of Conflict Resolution Management Approaches on Employee Attitudes

	Non-Standardized Coefficients		Standardized Coefficients	t	p
	B	S.H.	Beta		
(Constant)	2,394	,086		7,765	0,000*
Trust Scale for Managers	-,108	,017	-,173	6,549	0,000*

* $p < 0,05$, $R^2 = 0,170$

The results of the linear regression analysis for predicting the scores of the healthcare professionals' trust in the manager interpersonal conflict resolution management scale scores are given in Table 12.

In Table 12, it has been determined that the model established for the purpose of examining the status of health workers' trust in managers to predict interpersonal conflict resolution management scale scores is statistically appropriate and explains the variance in the dependent variable of confidence in the manager as 17.0%.

It was seen that the scores of health professionals included in the study from the interpersonal conflict resolution scale negatively predicted the trust scores of the manager. The fact that healthcare professionals got 1 point more than the interpersonal conflict resolution scale reduces their confidence in the manager by 0.10 points.

2.8. Discussion

The number of women in the working group was 647 (48.1%) and the number of men was 699 (51.9%). Although the employee group consists of supervisors from the administrative department, this finding confirms that the hospitals are male-intensive organizations. In the study conducted by Keklik (2012) on a private hospital scale, it was found that female employees constitute 69.3% of the total employees. It is not compatible with our research result.

Considering the working years in the hospital, the most studied year up to 5 years indicates that the workforce circulation in the hospitals is quite high. In the leadership study conducted by Keklik (2012) in a private hospital, the most studied year was up to 1 year. It is not compatible with our research result.

One of the hypotheses of Shadare et al. (2011) is that there is no difference in the style of conflict management between men and women. Sypridon (2007) has a dissertation style and gender thesis. One of the hypotheses in this thesis study is; It is that women use more avoiding methods. However, his study did not confirm his hypothesis. In other words, there

was no difference between men and women in terms of avoidance method. According to our study results, the average of women healthcare workers to use conflict resolution approaches is higher.

3. Result

Physicians, nurses and technicians working in Bursa Çekirge State Hospital and Bursa Private Doruk hospitals operating in the province of Bursa;

According to their gender, age, marital status, educational status, the services they work, their duties, their working time in their position and their total experience, their opinions about conflict resolution approaches and their trust in the manager differ from each other.

A negative and statistically significant relationship was found between the conflict resolution approaches of physicians, nurses and technicians and their trust in the manager. Accordingly, unless the conflict resolution practices are realized, trust in the manager decreases.

It can be said that there is a relationship between conflict resolution approaches and trust in the manager. When we look at the relationship between conflict resolution approaches and trust in the manager, when one of the variables increases, the other decreases.

Accordingly, orientation of healthcare managers and employees towards activities aimed at ensuring their personal and professional development will increase the effectiveness of their practices in conflict resolution approaches and increase trust in the manager. In this sense, healthcare managers should attend a number of scientific meetings annually and visit healthcare companies in different countries.

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